| SUMMONS FOR WITNESS DOCKET NUMBER | | Trial Court of Massachusetts District Court Department | | | | |
|---|-------------------------------|--|---------------------------------------|----------------------|----------------|--|
| SESSION: CRIMINAL JURY | | | | YOU MUST | | |
| NAME, ADDRESS AND ZIP CODE OF DEFENDANT | | QUINCY DISTRICT COURT | | APPEAR AT THIS COURT | | |
| COMMONWEALTH | | 1 DE | NNIS RYA | AN PARKWAY | ADDRESS | |
| | | | | | ON THE DATE | |
| V. | | | | | AND TIME | |
| | | | DATE AND TIME OF APPEARANCE | | SPECIFIED | |
| | | AT | | HEREIN | | |
| | | 441 | 22/11 | 0.45 0 00 | | |
| | | 1 17 | DATE | 8:45 a.m. | | |
| NAME, ADDRESS AND ZIP CODE OF WITNESS | | | ISE(S) | 1 11VIL | <u></u> | |
| | | | 10E(0) | | | |
| Annie Khan (Dookhan) | | | Drug distribute class B | | | |
| Drug Analysis Lab | | | Drug possession to distribute class B | | | |
| Jamaica Plain, MA 02130 | | | F | | | |
| | | | | | | |
| | | | | | | |
| TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: | | | | | | |
| You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness | | | | | | |
| named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then | | | | | | |
| residing therein, or by mailing it to the last known address of the defendant or witness. | | | | | | |
| NOTE: A summons for a witness may also be served by any person authorized to serve a summons | | | | | | |
| in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure. | | | | | | |
| To the above named Witness: | | | | | | |
| You are hereby required in the name of the Commonwealth, to make your appearance before | | | | | | |
| the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: | | | | | | |
| and day to day thereafter as ordered. You are further required to bring with you. | | | | | | |
| | | | | | | |
| PLEASE CONTACT ADVOCATE IVAN WONG, at 617-769-6100 TO CONFIRM YOUR | | | | | 1 | |
| APPEARANCE. THANK YOU. | | | | | | |
| | | | | DATE OF ISSUE | <u></u> | |
| WITNESS: Milin R. Kerling | | | | 44/7/44 | | |
| | | | | 11///11 | 11/7/11 | |
| | | | | | | |
| | | | | | | |
| Michael W. Morrissey, District Attorney | | | | | | |
| RETURN OF SERVICE | | | | | | |
| I hereby certify that I served the within summons upon the above named Witness by | | | | | | |
| Delivering a copy of it percendily to the defendant or witness | | | | | | |
| □ Delivering a copy of it personally to the defendant or witness. □ Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with | | | | | | |
| a person of suitable age and discretion residing therein. | | | | | | |
| X Mailing a copy of it to the last known address of the defendant or witness. | | | | | | |
| | | | | | | |
| □ I received the summons on but I was unable to make service DATE RECEIVED | | | | | | |
| because: | | | | | | |
| | | | | | | |
| | SIGNATURE OF PERSON MAKING SE | RVICE | | PERSON MAKING SERVI | | |
| 11/7/11 | Laura Martin | | Assista | ant District Attorne | y | |
| | | | | | | |